

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
OCT 10 2014
Bayfield Co. Zoning Dept.

ENTERED Permit #: 14-0395
Date: 10-21-14
Amount Paid: \$165
Refund: 10-10-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Beverly & James Melrose
Address of Property: 1621 E. 10th St
City/State/Zip: Superior, WI 54980
Telephone: 715-358-3072
Cell Phone: 612-819-2700

Contractor: Silvio Cocco Co. Inc.
Contractor Phone: _____
Plumber: _____
Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone: _____
Agent Mailing Address (include City/State/Zip): _____
Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION: Legal Description: (Use Tax Statement) PIN: (23 digits) 04-010-2-53-06-20-4
Recorded Document: (i.e. Property Ownership) Volume 49 Page(s) 284

1/4, 1/4 Gov't Lot Lot(s) 2 CSM 16.01 Vol & Page 4, 7, 20, 24 Lot(s) No. 5 Block(s) No. Subdivision: _____

Section 20, Township 50N, Range 26W Town of: B-11 Lot Size Acreage 16.19

Shoreland ☒ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes---continue ☒
☐ Is Property/Land within 1000 feet of lake, Pond or Flowage If yes---continue ☒
Distance Structure is from Shoreline: 520 ft
Distance Structure is from Shoreline: 520 ft
Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material \$36,000.00

Project # of Stories and/or basement Use # of bedrooms What Type of Sewer/Sanitary System Is on the property? Water

☒ New Construction ☒ 1-Story ☒ Seasonal ☐ 1 ☐ Municipal/City Specify Type: _____ ☐ City
☐ Addition/Alteration ☐ 1-Story + Loft ☐ Year Round ☐ 2 ☐ (New) Sanitary Specify Type: _____ ☐ Well
☐ Conversion ☐ 2-Story ☐ 3 ☐ Sanitary (Exists) Specify Type: _____ ☐ Well
☐ Relocate (existing bldg) ☐ Basement ☐ 3 ☐ Privy (Pit) or Vaulted (min 200 gallon) ☒ None
☐ Run a Business on Property ☐ No Basement ☒ None ☐ Portable (w/service contract) ☐ Compost Toilet ☒ None

Existing Structure: (if permit being applied for is relevant to it) Length: 64' Width: 40' Height: 12'

Proposed Construction: Length: 64' Width: 40' Height: 12'

Proposed Use ☒ Residential Use ☐ Commercial Use ☐ Municipal Use

Proposed Structure Dimensions Square Footage

☒ Principal Structure (first structure on property) STORAGE 114' x 40' 21560
☐ Residence (i.e. cabin, hunting shack, etc.) _____
☐ with Loft _____
☐ with a Porch _____
☐ with (2nd) Porch _____
☐ with a Deck _____
☐ with (2nd) Deck _____
☐ with Attached Garage _____
☐ Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities) _____
☐ Mobile Home (manufactured date) _____
☐ Addition/Alteration (specify) _____
☐ Accessory Building (specify) _____
☐ Accessory Building Addition/Alteration (specify) _____

Rec'd for Issuance OCT 21 2014

Special Use: (explain) _____
Conditional Use: (explain) _____
Other: (explain) _____

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date 10/16/14

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____ Attach

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE ATTACHED

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	135 Feet	Setback from the Lake (ordinary high-water mark)	520 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1300 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	1320 Feet	20% Slope Area on property	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	62 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

62' From (9) Stake or Mark Proposed Location(s) of New Construction Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).
Front side
130 to center For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
of Road The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: N/A	# of bedrooms: N/A	Sanitary Date: N/A		
Permit Denied (Date):		Reason for Denial:				
Permit #: 14-0395	Permit Date: 10-01-14					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
Inspection Record: called owner re: schedule inspection - no answer. prop. stayed + monuments clearly marked + visible.						
Date of Inspection: 10-20-14		Inspected by: J. O'NEILL - Murphy		Zoning District (B-1) Lakes Classification (N/A)		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)						
BUILDING SHALL NOT BE USED FOR SLEEPING PURPOSES. SHALL NOT CERTAIN INSIDE PLUMBING FIXTURES OR HAVE CONNECTION TO PRESSURIZED WATER SUPPLY. STORAGE ONLY.						
Signature of Inspector:		Date of Approval: 10-20-14				
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>

Bayfield County GIS

X: 750711.03, Y: 534574.89

Current Action: Select by Point

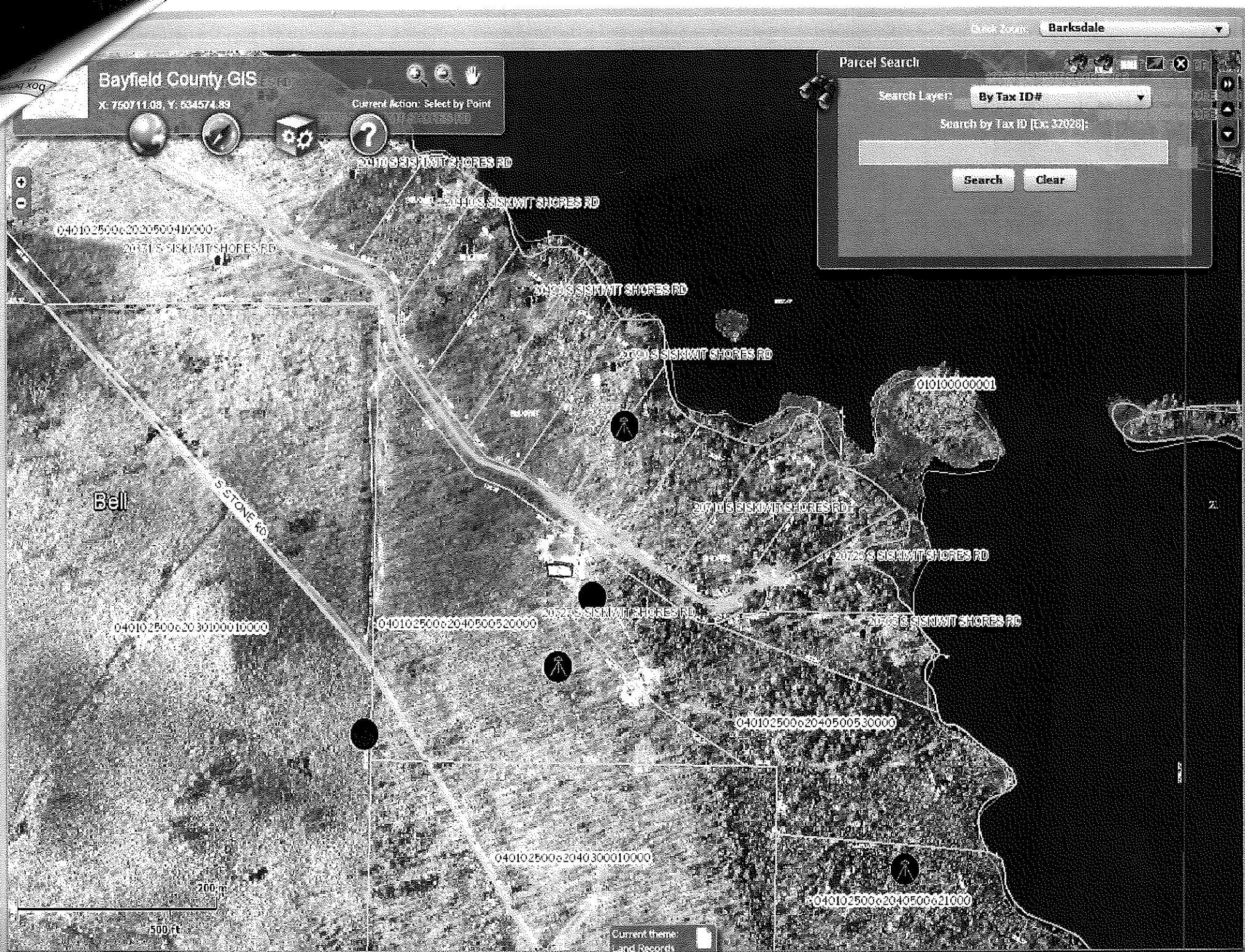
Parcel Search

Search Layer: By Tax ID#

Search by Tax ID [Ex: 32028]:

Search

Clear



Current theme:
Land Records

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date of Application: **10 OCT 14 2014**
Bayfield Co. Zoning Dept.

ENTERED Permit #: **14-0396**
Date: **10-21-14**
Amount Paid: **\$85 10-14-14**
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: STEVEN & LINDA HART		Mailing Address: 1440 OLIVE BLVD		City/State/Zip: N. SHILWATER, MN.		Telephone: (651) 439-5323			
Address of Property: 2040 S. SISKIWI STORES RD.		City/State/Zip: CORNUCOPIA, WI.		City/State/Zip: 54837		Cell Phone: (412) 401-2044			
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-010-2-50-06-20-2-00-283-		Recorded Document: (i.e. Property Ownership) Volume 803 Page(s) 880			
1/4, 1/4		Gov't Lot 445		Lot(s) 9		CSM 837880		Vol & Page 9	
Section 20 , Township 50 N, Range 06 W		Town of: BELL		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Shoreland →		Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: 250 approx. feet					
<input type="checkbox"/> Non-Shoreland									

Value at Time of Completion * include donated time & material \$ 24,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: sewer	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet		
<input type="checkbox"/> _____	<input checked="" type="checkbox"/> garage	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None		

Existing Structure: (If permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
Proposed Construction: **garage** Length: **32'** Width: **28'** Height: **20'**

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Residential Use	with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)		
<input type="checkbox"/> Commercial Use	with (2 nd) Porch	(<input type="checkbox"/> X <input type="checkbox"/>)		
<input type="checkbox"/> Municipal Use	with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)		
	with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)		
	with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)		
	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)		
	Mobile Home (manufactured date) _____	(<input type="checkbox"/> X <input type="checkbox"/>)		
	Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)		
	Accessory Building (specify) garage	(32 X 28)	896	
	Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)		
Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)		
OCT 21 2014	<input type="checkbox"/> Conditional Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)		
	Other: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)		
Secretarial Staff				

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **Steve & Linda Hart** **Wade S. Hart** Date **10/10/14**

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____

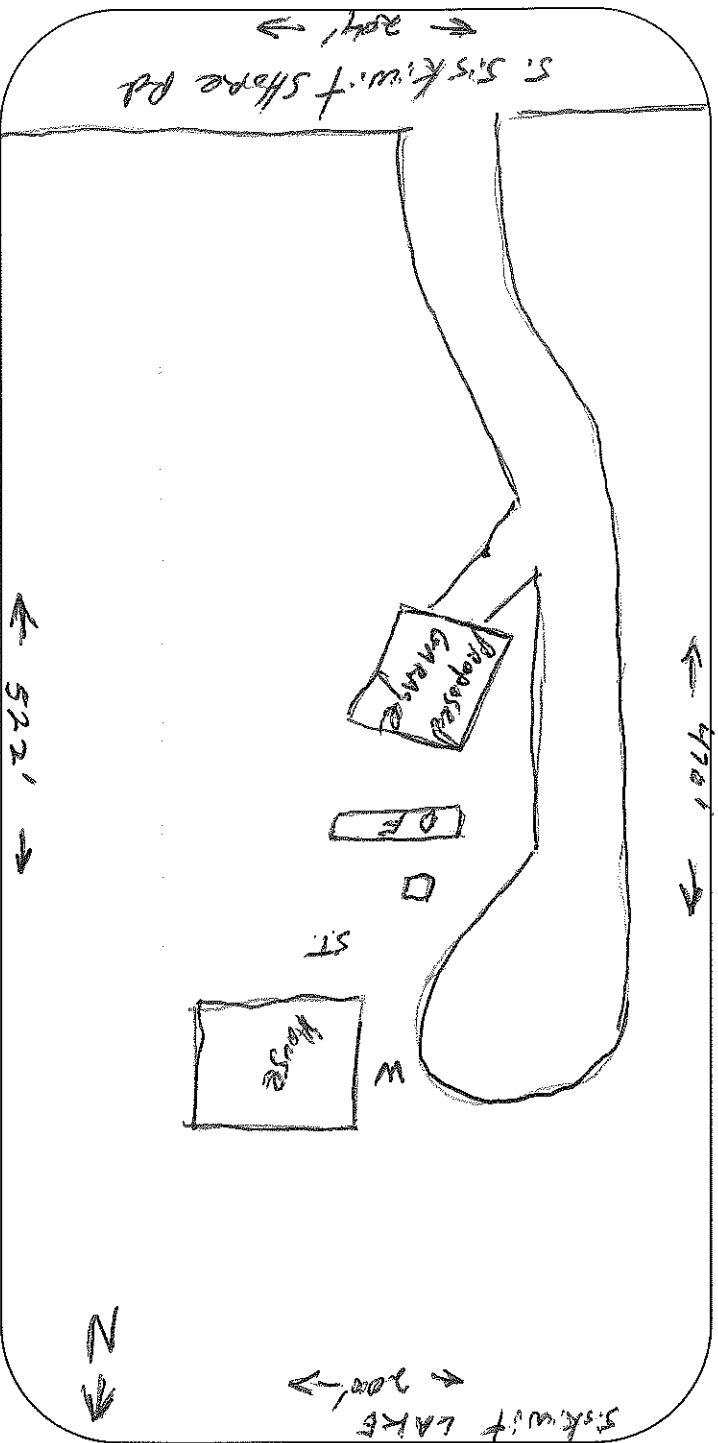
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **1440 OLIVE BLVD N. SHILWATER, MN. 55082**

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	200 Feet	Setback from the Lake (ordinary high-water mark)	250 Feet
Setback from the Established Right-of-Way	175 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	250 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	180 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	50 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	190 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	120 Feet	Setback to Well	150 Feet
Setback to Drain Field	20 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>not applicable to this app.</u>		# of bedrooms: <u>4</u>	
Permit Denied (Date):		Reason for Denial:		Sanitary Date: <u>10-21-14</u>	
Permit #: <u>14-0396</u>		Permit Date: <u>10-21-14</u>			
Is Parcel a Sub-Standard Lot		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: owner present to represent property lines.		Inspected by: <u>supervisor Murphy</u>		Zoning District: <u>(R-1)</u>	
Date of Inspection: <u>10-20-14</u>		Inspected by: <u>supervisor Murphy</u>		Date of Re-Inspection: <u>10-20-14</u>	
Conditions/Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)					
Builder's Stamp not yet used for septic purposes/Installation.					
No Soil Compaction/Disturbance within 15' from top of mound around.					
Signature of Inspector: <u>[Signature]</u>					
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/> Date of Approval: <u>10-20-14</u>					